



Lakeland Mills  
1 Lakeland Place  
P.O. Box 350  
Edmore, MI 48829

**CREDIT APPLICATION**

VENDOR: \_\_\_\_\_ DATE: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

OWNER \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

NATURE OF FIRM: \_\_\_\_\_

VISA/MC/DISCOVER CARD: \_\_\_\_\_ Exp Date \_\_\_\_\_ This would only be used if  
your account was not paid within the terms date. Orders will not be processed without this information.  
Name on card \_\_\_\_\_

BANK REFERENCE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

**TRADE REFERENCES**

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_